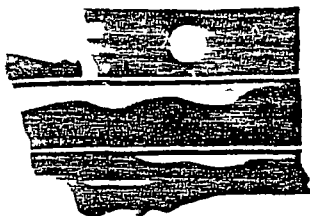


ECY 050-1-20



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Unique Well Tag No: AGA 891/01

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☒ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name BAYVIEW ESTATE INC SYD Last Name _____

Street Address 27849

City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: 2185 LANCASTER

City _____ County _____

T _____ N R _____ W M Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size or casing type or well, housing etc.)

16" CASING - NATURAL COLOR WOOD paneled SHED / PUMP HOUSE
16' - 12') NEXT TO DRIVEWAY

Location or Well Identification Tag

CASING

Supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1 24 000 (1 = 2 000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

C	B	A
F	G	H
L	K	J
P	Q	R

REMARKS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

One Application Permit Certificate Claim Exempt